



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

JAMES E. RISCH – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

FILE COPY

September 13, 2006

Theresa Wessels, Administrator  
Juniper Meadow, Emeritus Properties II, Inc  
2975 Juniper Dr  
Lewiston, ID 83501

License #: RC-595

Dear Ms. Wessels:

On August 9, 2006, a survey was conducted at Juniper Meadow, Emeritus Properties II, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL  
Team Leader  
Health Facility Surveyor  
Facility Fire, Life Safety, and Construction Program

EM/slc



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August 23, 2006

Theresa Wessels, Administrator  
Juniper Meadow, Emeritus Properties II  
2975 Juniper Dr  
Lewiston, ID 83501

FILE COPY

Dear Ms. Wessels:

On August 9, 2006, a Life Safety Code survey was conducted at Juniper Meadow, Emeritus Properties II, Inc. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 8, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R595</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>JUNIPER MEADOW, EMERITUS PROPERTIES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2975 JUNIPER DR LEWISTON, ID 83501</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on August 9, 2006. The surveyors conducting the survey were:</p> <p>Eric Mundell REHS Team Leader Health Facility Surveyor</p> <p>Taylor Barkley Health Facility Surveyor</p>	R9999		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

4LUR21

If continuation sheet 1 of 1



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BUREAU OF FACILITY STANDARDS  
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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Juniper Meadows Emeritus</i>	Physical Address <i>2975 Juniper Drive</i>	Phone Number <i>746-8676</i>
Administrator <i>Theresa Wessels</i>	City <i>Lewiston</i>	ZIP Code <i>83501</i>
Survey Team Leader <i>Eric Mandell</i>	Survey Type <i>FLS</i>	Survey Date <i>8/9/06</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.404.01	Fire and Life Safety Standards: (a) The south, central and east stair wells had combustible materials stored under the stair wells (b) Vertical separation was incomplete between the 1st and 2nd floors. Panic hardware was pinned open and the doors would not latch at both the upper and lower levels. East, west and south stairwell doors did not latch; vertical separation was incomplete as was separation of the stairwells from the corridors. (c) The crosscorridor doors for the second and first floors did not completely close and latch, respectively. (d) Escutcheon plate missing above corridor sprinkler - south exit door.	
2	16.03.22.405.	b. Electrical Installations: A multiple outlet extension cord was in use in the wellness room to power a computer and the call system monitor.	
3	16.03.22.750.	01 Fire Drills: Documentation for fire drills, held for one per shift per quarter was not maintained on file.	

Response Required Date <i>September 9, 2006</i>	Signature of Facility Representative <i>X Theresa Wessels, Executive Director</i>
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